FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 30, 1996 08:00 AM
Secretary of State

DOCUMENT # **564944** **(7)**

1. Corporation Name

ADCAHB INSURANCE PLANNERS, INC.

Principal Place of Business	Mailing Address
3000 NW 101 LANE CORAL SPRINGS FL 33065	3000 NW 101 LANE CORAL SPRINGS FL 33065

3. Date Incorporated or Qualified: **12/30/1977**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-1787780** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OATES
~~OATS~~, DANIEL
1500 E ATLANTIC BLVD
POMPANO BEACH 33060

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICER/S AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE	PST	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLATSOFF, W. ADAM		1.2 NAME		
STREET ADDRESS	3000 NE 101 LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VPDST	☒ DELETE	2.1 TITLE	VP, D, S, T	☒ Change ☐ Addition
NAME	CLATSOFF, W. ADAM		2.2 NAME	CLATSOFF, W. ADAM	
STREET ADDRESS	3000 NW 101 LANE		2.3 STREET ADDRESS	3000 N.W. 101 Lane	
CITY-ST-ZIP	CORAL SPGS. FL		2.4 CITY-ST-ZIP	Coral Spurgs, FL. 33065	
TITLE		☐ DELETE	3.1 TITLE	PHILLIP M. WARDELL, President	☐ Change ☒ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	3000 N.W 101 Lane	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Coral Spurgs, FL. 33065	
TITLE		☐ DELETE	4.1 TITLE	PREACHER, MARIETTA V.P.	☐ Change ☒ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	3000 N.W 101 Lane	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Coral Spurgs, FL. 33065	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Marietta Preacher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Marietta Preacher

1/23/96
Date

(954) 345-1208
Daytime Phone #